

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
INDIVIDUAL SUPPORT PLAN (ISP)
RIGHTS, HEALTH AND SAFEGUARDS

INDIVIDUAL'S NAME (*Last, First, M.I.*)

DATE

This form is required for persons residing in a licensed residential setting (*e.g. group homes, CDH's, ADH's*), and is optional for Individual Support Plan Teams to use in other settings.

1. May the person have access to bodies of water (*e.g., swimming pools, irrigation ditches, fish ponds*) without constant staff supervision?
 - ☐ Yes Please describe restrictions/safeguards, if any _____
 - ☐ No If no, why _____
2. Does the person of legal drinking age wish to drink alcoholic beverages and have guardian consent (*if one has been appointed*)?
 - ☐ Yes Please describe restrictions/safeguards, if any _____
 - ☐ No If no, why not _____
 - ☐ NA
3. Does the person of legal age wish to use tobacco and have guardian consent (*if one has been appointed*)?
 - ☐ Yes Please describe restrictions/safeguards, if any _____
 - ☐ No If no, why not _____
 - ☐ NA
4. Does the person have any special transportation needs or requirements (*e.g., medical, safety, behavioral*)?
 - ☐ Yes Please describe (*medical and behavioral concerns require a Risk Assessment Plan, DDD-1309AFORNA*)
 - ☐ No _____
 - ☐ NA _____
5. Does the person require assistance with personal care (*e.g., dressing, bathing, toileting, menses care*)?
If so, indicate the responsible person's choice regarding the gender of staff to provide such assistance [*check only one*].
 - ☐ Female staff only ☐ Male staff only ☐ No Preference ☐ N/A
6. If the person lives in a Licensed Residential Setting. Does the person have a skin integrity concern?
 - ☐ Yes If, yes, a Nursing Assessment is required with the plan of care completed for the provider.
 - ☐ No _____
7. Does the person have access to unlocked toxic substances (*e.g., cleaning supplies, pesticides*)?
 - ☐ Yes Comments _____
 - ☐ No If no, why not _____
8. Does the person have access to unlocked medication (*e.g., prescribed, over-the-counter*)?
 - ☐ Yes Comments _____
 - ☐ No If no, why not _____
9. Are there any reasons preventing this person from sharing a bedroom (*e.g., age, medical concerns, behaviors*)?
 - ☐ Yes Describe reasons _____
 - ☐ No
10. Does the person have limits to the amount of money he/she can carry?
 - ☐ Yes How much? _____ Reasons for restriction _____
 - ☐ No

11. Does the person have unsupervised time in the community?

- ☐ Yes Duration _____ Conditions _____
- ☐ No If no, why not? _____

12. Does the person have unsupervised time within their residence?

- ☐ Yes Duration _____ Conditions _____
- ☐ No If no, why not? _____

13. Does the person have:

- a. A history of life threatening behavior within past three years (*e.g., ingesting foreign objects, assaultive behavior*)?
☐ Yes ☐ No
- b. A medical or behavioral health issue that could jeopardize quality of life? (*e.g., frequent falls resulting in fractures, seizure disorder*)?
☐ Yes ☐ No
- c. One or more Serious Incident Report(s) in one year? (*The nature of the serious incident and need for a Risk Assessment Plan will be determined by the Team.*)
☐ Yes ☐ No
- d. Other life events (*e.g., death of close relative, diagnosis, diabetes*)? [*The nature of the serious incident and need for a Risk Assessment Plan will be determined by the Team.*]
☐ Yes ☐ No
- e. Residence in a Licensed Residential Setting?
☐ Yes ☐ No

A Risk Assessment Plan , DDD-1309AFORNA, is required to address EACH risk identified.

ADDITIONAL COMMENTS:

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. ♦ Disponible en español en su oficina local.